

<b>Case Number:</b>	CM14-0149764		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/29/2008
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, sleep disturbance, and major depressive disorder reportedly associated with an industrial injury of January 29, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and psychotropic medications. In a Utilization Review Report dated August 26, 2014, the claims administrator retrospectively denied a request for zolpidem and Percocet. In a clinical progress note dated July 31, 2014, the applicant reported persistent complaints of low back pain status post earlier lumbar laminectomy surgery. The applicant stated that her pain levels were manageable through ongoing usage of Percocet. The applicant's medication list reportedly included Abilify, Colace, Prozac, Atarax, Percocet, Protonix, Ritalin, Zanaflex, Zofran, and Ambien. It was not clear when the medication list was last updated, however. Both Percocet and zolpidem were renewed. The attending provider stated that the applicant was stable on the medications in question but did not elaborate further. The applicant was reporting issues with sleep disturbance, it was noted. In a July 2014 progress note, the applicant stated that she was less productive and more depressed without usage of Ritalin and/or Abilify. The attending provider therefore stated that it was critical that the applicant receive both Ritalin and Abilify as the medications for generating improvement. In a July 1, 2014 progress note, the applicant was described as overweight and deconditioned. Multiple medications were refilled on this occasion, including Percocet, prochlorperazine, Protonix, Zanaflex, Colace, and OxyContin. The applicant was described as "disabled," it was stated on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**RETRO Ambien (Zolpidem) 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien), Insomnia treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Ambien Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is FDA approved in the treatment of insomnia for short-term use purposes, for up to 35 days. By implication, then, the attending provider's usage of Ambien for chronic, long-term, and nightly use purposes does not conform to the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.